

SENT VIA EMAIL OR FAX ON
May/16/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Transforaminal Lumbar ESI at L4/5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Anesthesiology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was attempting to lift a and pulled her lower back. The patient underwent a course of physical therapy. PT daily progress note dated 02/20/08 indicates that the patient underwent an epidural the previous Friday, but it is not helping yet. Note dated 06/18/08 indicates that Dr. believes the patient has reached MMI. Maximum medical improvement impairment rating dated 06/27/08 indicates that the patient underwent one epidural steroid injection with some temporary relief. She was supposed to have more, but she suffered a recent CVA about six weeks ago with some right sided numbness and aphasia that subsequently improved. Diagnoses are disc displacement NOS and lumbago. The patient was determined to have reached MMI as of 06/24/08 with 5% whole person impairment. CT of the lumbar spine dated 06/05/09 revealed moderate spinal canal stenosis at L3-4 and L4-5 with moderate-severe neural foraminal stenosis, worst on the left, from a combination of broad based disc bulge and facet arthropathy. EMG/NCV dated 08/12/09 is reported as an unremarkable study with no evidence of radiculopathy. The patient subsequently underwent left L4-5 transforaminal epidural steroid injection on 08/14/09. Follow up note dated 08/26/09 indicates that the patient had one week of pan relief 100%, but after that her pain has come back. Office visit note dated 03/30/11 indicates that the patient continues to complain of severe low back pain running into the lower extremities. On physical examination straight leg raising is positive at L4-5 to the left with diminished sensation and diminished strength.

Initial request for bilateral transforaminal lumbar epidural steroid injection at L4-5 was non-certified on 04/18/11 noting that pain is the only clinical complaint with little corroborative documentation of radiculopathy. EMG/NCV findings do not corroborate radiculopathy. The previous epidural steroid injection provided only temporary relief for one week. The denial was upheld on appeal dated 04/27/11 noting that previous LESI provided 100% relief for only

one week. EMG/NCV is negative for radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on the clinical information provided, the request for bilateral transforaminal lumbar epidural steroid injection at L4-5 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous lumbar epidural steroid injection on 08/14/09 and reported 100% pain relief for one week. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. The patient's EMG/NCV is reported as an unremarkable study with no evidence of radiculopathy. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary, and the two previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES